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CONFIRMATION NO. 7145

SERIAL NUMBER 10/619,924	FILING OR 371(c) DATE 07/15/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 451194-095
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS ******* S.T.**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/14/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature S.T. Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
OH	3	29	2

ADDRESS

27805

TITLE

Controlled release potassium chloride tablets

FILING FEE RECEIVED 1042	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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